



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 4, 2008

GENERAL LETTER NO. 1-C-AP-16

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND
RECORDS OF THE DEPARTMENT APPENDIX**, pages 1, 3, 4, 11, and 21,
revised.

Summary

This appendix is revised to:

- ◆ Note that form 470-3949, *Request to End an Authorization*, may also be used to revoke authorization given on form 470-4459, *Authorization to Disclose Information to the Department of Human Services*.
- ◆ Reflect the move of income maintenance forms from Outlook to the Intranet eForms web page.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
1	October 5, 2007
3	May 6, 2003
4, 11	October 5, 2007
21	June 22, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

Authorization for Release of Information, Form 470-0461 and 470-0461(S)

Purpose Form 470-0461 is designed to secure the client's permission for the Department to investigate items of eligibility or to obtain information needed for providing services. The source of information may also use the form to furnish the requested information.

Source Department staff may complete the English version of this form on line using the template on the DHS Intranet eForms web page. The English version of this form is also printed in pads of 25 two-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.

The Spanish version of this form can be printed from the on-line manual or photocopied from the sample in the paper manual.

Completion Workers may complete this form when it is necessary to obtain information from a source other than the client. Complete a separate form for each source of required information.

Note: This form should not be used to request mental health information, substance abuse information, or HIV information. See form [470-0429, *Consent to Obtain and Release Information*](#).

The worker completes the identifying information and the description of the information requested. The client (or the person authorized to obtain the information) signs that section to give the authorization. The source of information completes the remainder of the page. Additional pages may be used if necessary.

Distribution Send one copy of this form to the source of information, with a self-addressed stamped envelope enclosed. Keep one copy as a control copy.

When the source of information returns the original copy, destroy the control copy and file the completed copy in the case record.

Authorization for the Department to Release Information, Form 470-2115

Purpose	Form 470-2115 is designed to secure the client's permission for the Department to release confidential information to persons or agencies outside the Department.
Source	Workers may complete this form on line using the template in the on the DHS Intranet eForms web page.
Completion	<p>The worker prepares this form when the client requests the Department to release information to a person or agency outside the Department, and the client has not provided the Department with a release.</p> <p>The worker completes everything except the signature and date, which are completed by the client.</p>
Distribution	Keep the original of the form in the case record. Give the copy to the client.
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The name of person or agency that will receive the information.◆ The nature of the confidential information that will be released. Be as specific as possible.◆ The date the authorization expires. This should be no more than 60 days from the date the form is signed, unless supervisory approval is given to extend the date. <p>The client shall sign and date the form after the other items have been completed.</p>

Child Records Query, Form 470-4375

Purpose	Form 470-4375 is designed to inform a current or former client of a request from a parent who is not on the Department's case for information about a mutual child, including medical records, and to obtain the client's response.
Source	Complete this form on line using the template on the DHS Intranet eForms web page.
Completion	<p>Both the Department worker and the client (or the person authorized) complete this form.</p> <p>A response must be provided to the requester no later than the 20th day.</p>
Distribution	<p>Mail the original and the client's copy of the form to the current or former client's last known mailing address with a self-addressed stamped envelope.</p> <p>Keep one copy of the form for the case file and track the form by the due date.</p>
Data	<p>Department staff completes the following:</p> <ul style="list-style-type: none">◆ In the identifying information, enter the client's name and address; the date; the county and worker numbers; the worker's name, phone number, and office address; and the names of the parent requesting the information and the child that the information is requested about.◆ In the "Information requested" box, indicate what the parent of the child has requested.◆ Enter the due date (ten calendar days from the date of the letter) in the blank space in the following sentence: "If we do not get an answer from you by _____, we will decide what information can be shared based on Iowa law."

Authorization to Obtain or Release Health Care Information, Form 470-3951 and 470-3951(S)

Purpose	<p>Form 470-3951 or 470-3951(S) is a two-way release form used to get the permission of the client or the client's legally authorized representative to:</p> <ul style="list-style-type: none">◆ Release health information about the client to a third party.◆ Obtain health information needed to provide service to the client.
Source	<p>Department staff may complete the English version of this form on line using the template in the public state-approved service forms folder on Outlook or on the DHS Intranet eForms web page. The English version is also printed in pads of 25 three-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.</p> <p>The Spanish version of this form can be printed from the on-line manual or photocopied from the sample in the paper manual.</p>
Completion	<p>Staff at Department medical facilities shall complete this form whenever it is necessary to obtain health information from or release health information to a source other than the client.</p> <p>Income maintenance workers and service workers may furnish this form to a client who requests that the Department share protected health care information for a purpose other than health care treatment or payment.</p> <p>Complete a separate form for each source from which information is being requested or to which information is being released.</p> <p>The worker may complete the identifying information and the description of the information being obtained or released. The client (or the client's personal representative) signs the section to give the authorization.</p>
Distribution	<p>Send one copy to the source of information with a self-addressed stamped envelope enclosed. Keep one copy as a control copy. Give the third copy to the client.</p>

Request to End an Authorization, Form 470-3949

Purpose	Clients may use form 470-3949 to request that form 470-3951, <i>Authorization to Obtain or Release Health Care Information</i> , or form 470-4459, <i>Authorization to Disclose Information to the Department of Human Services</i> , be revoked.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Security and Privacy Office or to the facility privacy official.
Distribution	<p>Give a copy of the form to anyone requesting it.</p> <p>If this is a request to revoke an authorization in the case file for information you have requested, file the request with the authorization and mark the authorization void to make it clear the authorization is no longer valid.</p> <p>If this is a request to revoke an authorization that was sent to the Security and Privacy Office for information that is not available locally, forward the authorization to the Security and Privacy Office.</p>
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the section identifying which authorization should be revoked.